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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Commissioner for Patents, Washington, D.C. 20231. Guy Beardsley Printed Name of Person Mailing Correspondence Signature of Person Mailing Correspondence				
UTILITY PATENT A	PPLICATION TRANSMITT	AL UNDER 37 CFR §1.53(b)		
Attorney Docket Number	50026/012004			
Applicant	Keiya Ozawa et al.			
Title	GENE THAT IMPARTS S	ELECTIVE PROLIFERATIVE ACTIVITY		
PRIORITY INFORMATION:				
This application is a divisional of and claims priority from United States patent application 09/142,305, filed September 10, 1999, which claims priority to PCT/JP97/00687, filed March 5, 1997, which claims benefit of Japanese patent application 8/47796, filed March 5, 1996.				
SMALL ENTITY STATUS:				
■ Applicant claims small entity status under 37 C.F.R. § 1.27.				
APPLICATION ELEMENTS:				
Cover sheet		1 page		
Specification		15 pages		
Claims		2 pages		
Abstract		1 page		
Drawing		13 sheets		
Combined Declaration and POA, which is:		3 pages		
☐ Unsigned;				
☐ Newly signed for this application;				
■ A copy from prior application 09/142,305 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.				
Sequence Statement				
Sequence Listing on Paper				
Sequence Listing on Diskette				
Small Entity Statement, which is:				

☐ Newly signed for this application;	1 page	
■ A copy from prior application 09/142,305 and such small entity status is still proper and desired.		
Preliminary Amendment	2 pages	
IDS	5 pages	
Form PTO 1449	3 pages	
Cited References		
Recordation Form Cover Sheet and Assignment		
Assignee's Statement		
English Translation		
Certified Copy of Priority Document		
Return Receipt Postcard	1	
FILING FEES:		
Basic Filing Fee: \$355	\$355.00	
Excess Claims Fee: 2 - 20 x \$9	\$0	
Excess Independent Claims Fee: [**TOTAL**] - 3 x \$40	\$0	
Multiple Dependent Claims Fee: \$135	\$0	
Total Fees:	\$355.00	
■ Enclosed is a check for \$355.00 to cover the total fees.		
☐ Charge [\$**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.		
☐ The filing fee is not being paid at this time.		
■ Please apply any other charges, or any credits, to Deposit Account No. 03-2095.		
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Signature James D. Declamp, Ph.D. Reg. No. 43 580	13 July 2001	
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